

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)													
A. AGENCY CODE AND SUBELEMENT, AND SUBMITTING OFFICE NUMBER (xx-xx-xxxx)			B. STANDARD DOCUMENT NUMBER (Org identifier/ FY, Doc./ type code/ Serial number)			C. REQUEST STATUS OR PROCESS CODE (X one)			D. AMENDMENT NO.				
						(1) Initial			(2) Resubmission				
						(3) Correction			(4) Cancellation				
SECTION A - TRAINEE / APPLICANT INFORMATION													
1. NAME (Last, First, Middle Initial) REQUIRED			2. 1st 5 LETTERS OF LAST NAME REQUI			3. SOCIAL SECURITY NUMBER 000-00-0000			4. ED. LEVEL		5. CONTINUOUS FEDERAL SVC. a. Years b. Months		
6. HOME ADDRESS (Street, City, State and ZIP Code) (optional) REQUIRED			7. TELEPHONE NUMBERS (Include area code) a. Home (000) 000-0000 b. Office			8. POSITION TITLE REQUIRED							
11. ORGANIZATION NAME REQUIRED			(1) Commercial (000) 000-0000 (2) DSN 000-0000			9. POSITION LEVEL (X one) a. Executive b. Manager			10. PAY PLAN/SERIES/GRADE/STEP (Rank/ MOS/AFSC/or Navy Designator) GS 0000 00 00				
12. ORGANIZATION MAILING ADDRESS (Include ZIP Code) REQUIRED			13. ORGANIZATION UIC			X			14. TYPE OF APPOINTMENT		15. NO. PRIOR NON-GOVERN- MENT TRAINING DAYS		
			16. ARE YOU HANDICAPPED OR DISABLED? (X one)			Yes No			c. Supervisory d. Non-Supervisory		e. Other (Specify)		
SECTION B - TRAINING COURSE DATA													
17. COURSE TITLE REQUIRED													
18. TRAINING OBJECTIVES (Benefits to be derived by the Government) REASON FOR ATTENDING THIS TRAINING						19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY a. Name REQUIRED b. Mailing address (Include ZIP Code) REQUIRED c. Location of training site (If other than 19b) REQUIRED							
20. COURSE CODES						21. COURSE HOURS (4 digits)						22. COURSE IDENTIFIERS	
a. Purpose		f. Security Clearance		k. Training Program		a. Duty		b. Non-duty		a. SAID		b. Catalog/Course	
b. Type		g. Allocation Status		l. Reason for Selection		c. TOTAL		c. Offering/TLN					
c. Source		h. Priority		23. TRAINING PERIOD (YYYYMMDD)		a. Start 20040101		b. Complete 20040101					
d. Special Interest		i. Training Level											
e. Training		j. Method of Training											
SECTION C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)													
24. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box →													
25. DIRECT COSTS				26. INDIRECT COSTS (For information only)				27. ACCOUNTING CLASSIFICATION					
a. Tuition cost		0.00		a. Travel cost									
b. Books, material, other costs		0.00		b. Per diem/other costs									
c. Total direct costs		0		c. Total indirect costs		0							
d. Funding source				28. LABOR COSTS				29. SIGNATURE OF FISCAL OFFICER (Follow local procedure)				30. TOTAL OF DIRECT & INDIRECT COSTS 0.00	
31. JOB ORDER NO.													
SECTION D - APPROVAL / CONCURRENCE / CERTIFICATION													
32. SUPERVISOR: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)						33. TRAINING OFFICER: I certify this training meets regulatory requirements.							
a. Typed Name (Last, First, Middle Initial) SUPERVISOR			b. Phone number (Include area code) (000) 000-0000			a. Typed Name (Last, First, Middle Initial) RODRIGUEZ, MARJORIE			b. Phone number (Include area code) (916) 854-3493				
c. Signature & Title REQUIRED			d. Date (YYYYMMDD) 20040101			c. Signature & Title EMPLOYEE DEVELOPMENT SPECIALIST			d. Date (YYYYMMDD) 20040101				
34. AUTHORIZING OFFICIAL						35. COURSE ACCEPTANCE (To be completed by school official)							
a. Action (X one) →		(1) Approved		(2) Disapproved		a. Accepted		c. School Official Signature		d. Date (YYYYMMDD)			
b. Typed Name (Last, First, Middle Initial) EWING, STUART D., CAPTAIN		c. Phone number (Include area code) (916) 854-3402				b. Not Accepted							
d. Signature & Title DEPUTY DIRECTOR, HRO		e. Date (YYYYMMDD) 20040101				36. COURSE COMPLETION (To be completed by school official)		a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. →		b. Actual Completion Date (YYYYMMDD)		c. Grade	
						d. Signature & Title				e. Date (YYYYMMDD)			
37. BILLING INSTRUCTIONS (Identify discount terms Furnish original invoice and 3 copies to: JOINT FORCES HEADQUARTERS ATTN; HRO, M.RODRIGUEZ 9800 GOETHE ROAD - P.O. BOX 269101 SACRAMENTO, CA 95826-9101						38. CERTIFYING GOVERNMENT OFFICIAL							
						a. I certify that this account is correct and proper for payment in the amount of: \$							
						b. Signature				c. Date Signed (YYYYMMDD)			
						d. DSSN Number		e. Check Number		f. Voucher Number			
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.													